COVID-19 Monitoring Form

Today's Date:

* Always Date the Form *Turn in the Forms Weekly to the School Office **Name**	**Check-In Time**	**Circle Yes/No below**												(Any Visitor/ Faculty/Staff with a temperature higher than 100 F, must go home immediatley.) **Temperature**
		Fever		**Cough**		**Sore Throat**		**Shortness of Breath**		**Close contact, or cared for someone with Covid-19**		**Loss of Taste or Smell**		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	